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November 3, 2003

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**TO: Examiner Strzelecka (TC1600)**

**GROUP: 1637**

**FAX NUMBER: 703-872-9306**

**ATTORNEY DOCKET NO.: DEX-0259**

**SERIAL NO.: 10/000,256**

**FILED: November 1, 2001**

**NUMBER OF PAGES:**

**MESSAGE:** Attached please find Amendment Transmittal Letter, Reply to Restriction Requirement and Certificate of Transmission by Facsimile.

**Kathleen A. Tyrrell, Registration No. 38,350**

**URGENT! PLEASE DELIVER IMMEDIATELY UPON RECEIPT. THANK YOU!**

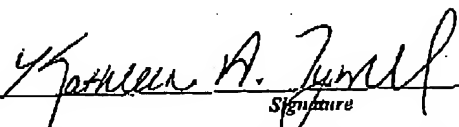
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>DEX-0259</b>	
Applicant(s): Sun et al.					
Serial No. 10/000,256	Filing Date November 1, 2001	Examiner Strzelecka, Teresa		Group Art Unit 1637	
Invention: <b>Compositions and Methods Relating to Prostate Specific Genes and Proteins</b>					
<b><u>TO THE COMMISSIONER FOR PATENTS:</u></b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: November 3, 2003</div></div> <div style="margin-top: 20px;"> _____ Signature Kathleen A. Tyrrell, Registration No. 38,350</div> <div style="margin-top: 10px;"><b>LICATA &amp; TYRRELL P.C.</b> 66 East Main Street Marlton, New Jersey 08053 Tel: 856-810-1515 Fax: 856-810-1454</div>					
<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div> <div style="margin-top: 10px;">cc:</div>					